

STAY EXPENSES REFUND FORM VITRUVIUS SUMMER SCHOOL

I undersigned (Name Surname)

ASK AND RECEIVE €200,00

as stay expenses refund spent during the Vitruvius Summer School.

Stay expenses details

Hotel name	Date	Nights	Euro
		TOTAL	

TOTAL €

IBAN (bank transfer data):

I attach copy of my receipts.

date

signature

via Vitruvio 9, 61032 Fano (Pu) tel. 0721.175162 info@centrostudivitruviani.org - www.centrostudivitruviani.org c.f. 90039270419 P.i.v.a. 02457410419